

Case Number:	CM13-0055140		
Date Assigned:	12/30/2013	Date of Injury:	09/08/2011
Decision Date:	03/18/2014	UR Denial Date:	10/21/2013
Priority:	Standard	Application Received:	11/20/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Psychology and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The physician reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The claimant is a 51 year-old injured worker with a date of injury of 9/8/11. The claimant sustained orthopedic injuries to her low back with pain radiating into her legs as the result of cumulative trauma while employed as a medical biller with [REDACTED]. In the "Agreed Medical Re-Examination" report dated 10/21/13, [REDACTED] diagnosed the claimant with: (1) Chronic residual lumbar spine pain syndrome with left lower extremity L5 S1 radiculopathy, rule out perineural fibrosis; (2) Past history of L5-S1 transverse lumbar interbody fusion with allograft and instrumented posterior spine fusion (on January 2013). The claimant has been medically treated with physical therapy, medications, and surgery. In addition, the claimant has sustained injury to her psyche secondary to her work-related physical injuries. In his "Doctor's First Report of Occupational Injury or Illness" dated 10/9/13, [REDACTED] diagnosed the claimant with: (1) Major depressive disorder, single episode, mild; (2) Generalized anxiety disorder; (3) Female hypoactive sexual desire disorder due to chronic pain; (4) Insomnia related to generalized anxiety disorder and chronic pain; and (5) Stress-related physiological response affecting gastrointestinal disturbances and headaches. Other than [REDACTED] initial evaluation, the claimant has not received any psychological/psychiatric services. It is the claimant's psychiatric diagnoses that are most relevant to this review.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Monthly office visits for 6-8 months: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter

Decision rationale: According to the Official Disability Guidelines (ODG), "The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. In this case, the patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. Additional ODG guidelines state that the determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible. The request for "monthly office visits for 6-8 months" is premature, but also excessive as it does not allow for reassessment to occur in a timely manner. The request for monthly office visits for 6 to 8 months is not medically necessary and appropriate.